

**COMPLETE & RETURN TO:**

Paul Gulko, Manager  
New Hampshire Insurance Guaranty Association  
Membership  
One Bowdoin Square, 2<sup>nd</sup> Floor.  
Boston, MA 02114-2916

**NEW HAMPSHIRE INSURANCE GUARANTY ASSOCIATION**

**ACKNOWLEDGEMENT OF PLAN OPERATION**

The undersigned member insurer hereby acknowledges receipt of the Plan of Operation by causing its corporate name to be hereunto subscribed by its President or other authorized officer. Each Member insurer hereby authorizes the Board to levy such assessments, and to take such other actions as are deemed by the Board to be necessary to assure the fair, reasonable and equitable administration of the Fund, as required by law.

\_\_\_\_\_  
*Date Acknowledged*

\_\_\_\_\_  
*Name of Member Insurer*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*By*

\_\_\_\_\_  
*Title*